Time to take tobacco dependence treatment seriously

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Published Online
January 20, 2016
http://dx.doi.org/10.1016/
S0140-6736(15)00950-2

During the Bloomberg Philanthropies Global Tobacco Control Awards ceremony at the World Conference on Tobacco or Health (Abu Dhabi, United Arab Emirates; March, 2015)[1] an award was given to Uruguay (the first MPOWER "O" award) that recognised the importance of tobacco dependence treatment in an overall tobacco control policy. WHO's Framework Convention on Tobacco Control (FCTC)[2,3] requires parties to develop comprehensive tobacco dependence treatment guidelines. In 2010, the conference of the FCTC parties adopted the FCTC article 14 implementation guidelines, which stress that cessation support implemented in conjunction with other policy interventions will have a synergistic effect and maximise effects on public health. The guidelines outline what countries should be doing regarding tobacco dependence treatment; yet only 15% of the world's population has access to appropriate cessation support.[4]

Furthermore, worldwide success in tobacco cessation is imperative to attain the goal of WHO and the UN of a 25% reduction in premature mortality from non-communicable diseases (NCDs) by 2025.[5] Only effective tobacco cessation will have a sufficient effect on mortality in the 10 years left to reach that goal. Failure on that front will surely thwart the global aspiration for success in NCD control by 2025.[5,6]

Implementation of article 14 and its guidelines will bring health and economic benefits to countries. Helping smokers to stop is a highly cost-effective health-care intervention by saving lives, improving population health,[7,8] and reducing health-care costs.[9] Every day that smokers aged older than 35 years continue to smoke they lose about 3–6 h of life.[10] Thus, for the estimated 500 million current adult smokers, 62 million days of life are lost every day. Some of these people who smoke will stop unaided, but many others will stop only after repeated attempts over time. Many more smokers will not stop, and will die before they can stop.[11] Helping these people to stop sooner rather than later will save lives. Implementation of tobacco control measures such as tax increases, restrictions on smoking in public places, and media campaigns, create demand for cessation support. Not offering support to those that need it could be viewed as uncompassionate, and others might suggest that it is even unethical, especially as tobacco dependence treatment works. The population tobacco use cessation rate after 1 year, unaided, is only about 5%.[12] Adding cessation support is four times more effective, at about 20% cessation.[12]

Despite these compelling arguments, development of tobacco cessation support has been slow. A survey[13] showed that cessation is a low priority for many countries. Of the countries surveyed fewer than a quarter insisted on tobacco use being recorded in medical notes, only a third had a national quitline, fewer than half had national treatment guidelines, and in few middle-income and low-income countries were smoking cessation drugs widely available.

In the survey[13] most variables showed a steep gradient by income level—lower-income countries offered less treatment, suggesting that countries might not implement treatment because of perceived cost. Another reason might be that, until there is demand for cessation support in a country, it makes little sense to use scarce resources on cessation treatments.

Concerns about cost could be partly answered by a review[12] that identified several affordable measures that countries can implement quickly, including with use of an affordability calculator to estimate affordability of measures using national data. The review[12] noted that brief advice to stop from a health-care worker, automated text messaging, and cytisine are globally affordable interventions. West and colleagues[12] also highlight some interventions, such as text messaging, that are broad reaching and of extremely low cost. Countries should not wait until other policies are implemented before integrating brief quitting advice into their health-care systems. Every country's health-care system should assume responsibility for cessation programmes.[4]

We believe that it is time for countries to integrate tobacco dependence treatment into their tobacco control programmes, alongside the key elements of WHO's FCTC[2,3] and the MPOWER programme.[4] We urge countries to implement the FCTC's article 14 guidelines and to prioritise measures that will reach their entire populations, using measures that are affordable. These should include development of an official national tobacco cessation strategy and national treatment guidelines, strengthening coordination of cessation support as part of national tobacco control programmes,

addressing tobacco use by health-care workers and helping them stop, ensuring that tobacco use is recorded in all medical notes, integrating brief advice into existing health-care systems, establishing a text messaging support programme, making affordable drugs available, and using the media to promote cessation.

Implementation of these core recommendations will save many lives and health-care resources. We believe that the availability of new low-cost interventions and methods to help countries select affordable treatments[12] will remove large barriers in development of tobacco dependence treatment. It is time that the FCTC article 14 and its guidelines are taken seriously.

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We declare no competing interests. We thank Thomas Glynn, Hayden McRobbie, Caleb Otto, Yvona Tous, and Robert West for advice on early drafts of this Comment. MR thanks the Mayo Clinic for support for his time to work on this Comment.

1 Bloomberg Philanthropies. 2015 Bloomberg Philanthropies awards for global tobacco control: meet the winning organizations. 2015. http://www.bloomberg.org/blog/2015-bloomberg-philanthropies-awards-global-tobacco-control-meet-winning-organizations/ (accessed Nov 25, 2015).
2 WHO. WHO framework convention on tobacco control. Geneva: World Health Organization, 2003.
3 WHO. The WHO framework convention on tobacco control: an overview. Geneva: World Health Organization, 2015.
4 WHO. WHO report on the global tobacco epidemic, 2015. Raising taxes on tobacco. Geneva: World Health Organization, 2015.
5 Kontis V, Mathers CD, Rehm J, et al. Contribution of six risk factors to achieving the 25×25 non-communicable disease mortality reduction target: a modelling study. *Lancet* 2014; **384:** 427–37.
6 Chen Z, Peto R, Zhou M, et al, for the China Kadoorie Biobank (CKB) collaborative group. Contrasting male and female trends in tobacco-attributed mortality in China: evidence from successive nationwide prospective cohort studies. *Lancet* 2015; **386:** 1447–56.
7 Tengs TO, Adams ME, Pliskin JS, et al. Five hundred life-saving interventions and their cost-effectiveness. *Risk Anal* 1995; **15:** 369–90.
8 WHO. Policy recommendations for smoking cessation and treatment of tobacco dependence. Tools for public health. Geneva: World Health Organization, 2003.
9 National Institute for Health and Care Excellence. Tobacco return on investment tool. https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool (accessed Oct 29, 2015).
10 Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 2004; **328:** 1519.
11 Fidler J, Ferguson SG, Brown J, Stapleton J, West R. How does rate of smoking cessation vary by age, gender and social grade? Findings from a population survey in England. *Addiction* 2013; **108:** 1680–85.
12 West R, Raw M, McNeill A, et al. Health-care interventions to promote and assist tobacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development. *Addiction* 2015; **110:** 1388–403.
13 Piné-Abata H, McNeill A, Murray R, Bitton A, Rigotti N, Raw M. A survey of tobacco dependence treatment services in 121 countries. *Addiction* 2013; **108:** 1476–84.